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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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TO RIDOS 850	P

1. Entity ID Number	2 Exact name of the Limited Lia		1/11	110	
116577	MSM	MATER	1HLS	ue	
3 NAICS Code	· ·	ter of business conducted in Rhod	le Island		
238990	CONSTRU	ICTION	7-16	/	
5 State of Formation		•	, ,	,	
RZ					
6. Principal Office Address	. AUB	CRAYSTON	State	Zip	
1400 [2L M	WOOD TO	CIETUS DA	101	03910	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name TAMRS	OBLBUD DO	Contact Title	• `		
Street Address BLMW	NUA AUR	City CRAMSTON	State	Zip 029/1	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person	TAMRS DE	LISUMO	Date 5- 6	7-25	
Signature of Authorized Person	Jams De	13word			

MAY 0 8 2025 BY 1572 02

MAIL TO:

Division of Business Services

148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov